

KENTUCKY BOARD OF LICENSURE OF DIABETES EDUCATORS

P. O. Box 1360
Frankfort, KY 40602
(502) 564-3296
<http://bde.ky.gov>

APPRENTICE RENEWAL APPLICATION

Pursuant to KRS 309.335 each apprentice diabetes educator shall renew his or her permit by November 1st of each year. **Permits not renewed by the end of the grace period will terminate and you will be ordered to CEASE AND DESIST the practice of diabetes education in Kentucky.**

FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS:

- Complete this form by filling in the information requested below. Incomplete forms **will be** returned.
- Attach the appropriate renewal fee: Forms received without the appropriate fee **will be** returned.
Make check or money order payable to the Kentucky State Treasurer.

Renewals mailed on or before November (shall be postmarked on or before November 1): \$50.00
Renewals mailed November 1 – January 30 (shall be postmarked on or before January 30): \$70.00

- Return this form with your check or money order to the address listed above on or before November 1st.
Incomplete applications will be returned and will be subject to the late fee.

TO BE COMPLETED BY ALL LICENSEES, Incomplete forms will be returned: (Please Print)

Name: _____

Social Security # _____ Permit #: _____

Home Address:

Street or Box number City State Zip Code County

Present Business Address:

Name of Company Street or Box number City State Zip Code County

Home Phone: _____ Business Phone: _____

E-Mail: _____

Have you been charged with, convicted of or pled guilty to a felony since your last renewal of Kentucky license?

- ☐ Yes (Attach documentation)
☐ No

Have you had disciplinary action taken against this license or any other professional license you currently hold since your last renewal?

- ☐ Yes (Attach documentation including a certified copy of the final disciplinary action taken against you.)
☐ No

SUPERVISION LOG PAGE

Please list all supervised work experience under a supervisor obtained since your last renewal or application.

"Supervisor" means a licensed diabetes educator in good standing as defined in KRS 309.325(3) or a master licensed diabetes educator in good standing as defined in KRS 309.325(6).

Clinical Supervisor's Name: _____

Professional Credentials: _____

Signature: _____

Number of Hours of Supervised Work Experience since last renewal: _____ Dates Obtained: _____

Telephone Number (Days only): _____

Additional Supervisor (if applicable):

Clinical Supervisor's Name: _____

Professional Credentials: _____

Signature: _____

Number of Hours of Supervised Work Experience since last renewal: _____ Dates Obtained: _____

Telephone Number (Days only): _____

Additional Supervisor (if applicable):

Clinical Supervisor's Name: _____

Professional Credentials: _____

Signature: _____

Number of Hours of Supervised Work Experience since last renewal: _____ Dates Obtained: _____

Telephone Number (Days only): _____

Total Supervised Work Experience Hours since last renewal: _____

CONTINUING EDUCATION LOG PAGE

Each licensee shall obtain a minimum of fifteen (15) continuing education hours during the licensure year. All hours shall be in or related to the field of diabetes education. Each licensee shall maintain a record of all continuing education hours attended for two (2) years after attending a course.

List below the units of continuing education obtained, INCLUDING DATE AND HOURS COMPLETED. Incomplete forms will be returned. DO NOT ATTACH DOCUMENTATION UNLESS YOU ARE AUDITED. It is your responsibility to maintain all documentation.

Course Name	Approved Provider	Date(s) M/D/Y Completed	Hours Earned

List hours carried over from last year's renewal (No more than fifteen (15) may be carried over)

Course Name	Approved Provider	Date(s) M/D/Y Completed	Hours Earned

Applicant Affidavit

I, the applicant in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license revoked by the Kentucky Board of Licensure for Diabetes Educators.

(Signature is required. Forms not signed will be returned and subject to late penalties if not returned by the deadlines stated.)

SIGNATURE: _____ DATE: _____

FOR BOARD MEMBER USE ONLY

Application Approved by: _____ Date: _____

Application Denied by: _____ Date: _____

Resubmitted for review: Approved: [] Denied: [] By: _____ Date: _____

Comments: